NATIONAL Assessment Centi	re Services	we' 1 Jan 753; /	WINIGHT			
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Preferred Wksp / INC Assign Wksp / QW: (Ass't Report by	Fax / Hand to	Owner/Wksp			
TP Particulars: Veh No: Veh	1 97710		Tel:	Fax:	2	
Owner / Driver: ((15/07)	. INC()/Non-INC()		1110
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		Date:	Time:)	
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out of Registration: (Warranty: YES ()/NO())			
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General Remarks: () Walk-In Customer: Customer's info	STATE OF STATE		2016 V. C.		7	
Apply for Transport Allowance ()/C	Courtesy Car ())();To	wing Co: (Date&Time Comp	sletud ()	Done) by
Remarks:- (INC horline: 6788 6616)	Courtesy Car ())();To		aletad	Done) by
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

5. Any false reporting may be referred to the Police for investigation.

- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available

World Line of Charles	ACCIDENT STATEMENT
Date Of Report	11/10/2018 16:54
Date Of Accident	10/10/2018 16:15
Exact Location Of Accident	CARPARK BESIDE BLK 340 JURONG EAST AVENUE 1
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMA426X
Insured/Policyholder	
Name Of Registered Owner	NEO HAO JIE DESMOND
NRIC No	S8806569G
Email Address	DESMOND_KR11@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96999616
Alternative Phone No	OTHERS-96999616
Vehicle Particulars	30000010
Manufacturer	HONDA
Model	FIT-1.3 GF CVT (A)
Exact Purpose for which vehicle was being use time of accident	
Are you claiming under your own insurance pol for repair to your vehicle?	NO NO
f No, Please state action to be taken	THIRD PARTY
/ehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	C0083345
Driver	
Name of Driver	NEO HAO JIE DESMOND
NRIC No	S8806569G
Date Of Birth	05/03/1988
Occupation	INDOOR
Date Of Driving Pass	23/09/2010
Driving Experience	8 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96999616
ax Number	120.27 .00-00333010
Contact Number	OTHERS-96999616
EMail Address	DESMOND_KR11@YAHOO,COM.SG

Address

BLK 48 STRATHMORE AVENUE

#16-229

Postcode

140048

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OWNER

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

SIDE SWIPE

Weather Conditions

RAINING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

Vehicle Registration Number

YM9376S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

DETAILS OF OTHER VEHICLE PROPERTY 1

Name of Driver

WONG ZHEN XIAN

NRIC/Passport Number

S8513803J

Contact Number

97951648

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
 interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature.

Name:

NRIC/FIN No .:

Jurong East Aue 1 Carpark	
BIK 340 TANB	A) SMA 426X B) YM 9376S
	X) showing

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Honda	Fit waiting at T-junction to turn left into. Lorry turning out of carpark. When turning the girl of lorry knock Honda Fit.	0
carpark	Lorry Furning out of carpark. When turni	na
right,	the gide of long knock Honda fit)
CLADATION		

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature Name:
NRIC/FIN No.:

ACCIDENT STATEMENT

1. DETAILS OF VEHICLE OVERHICLE NUMBER: SMA 426 X DINSURANCE COMPANY: LI DETAIL MALETINE CIPOLICY NUMBER: O 0 33245 OJPOLICY TYPE: (COMPREHENIVE) THIRD PARTY FIRE ETHEFT) HOAD THE LIST OF VEHENING IN DERRY MAIL ORRY MOTORCYCLE OTHERS) OJNAKE & MODEL: HOAD OF JURE OF USING AT A COIDENT TIME: FINDING PARTY FIRE ETHEFT) IJARE YOU CLAIMING UNDER YOUR OWN INSURANCE OF THERS IJARE YOU CLAIMING UNDER YOUR OWN INSURANCE OF THE STANDARD PARTY CLAIM! REPORTING ONLY) 2. INSURED / POLICY HOLDER A)NAME: DEMAND ON THE PARTY CLAIM! REPORTING ONLY) 2. INSURED / POLICY HOLDER A)NAME: DEMAND ON THE PARTY CLAIM! REPORTING ONLY) CONTINUE TO 3 dIF DRIVER ALSO POLICY HOLDER DINRIC/FIN/PASSPORT: CONTACT: 91996116 ONAME: ONTACT: 91996116 ONE ON THE REPORT OF THE INSURED'S COMPANY? (YES NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: ONTACT: 91996116 ONE ON THE ONE OF THE ORDER OF THE INSURED'S COMPANY? (YES NO) IF YES, PLEASE STATE WHICH POLICE STATION: B. THROP PARTY VEHICLE OJ VEHICLE NUMBER: WAS AS ONE ONTACT: 91996116 ONE OFFICE TO POLICE YES (NO) ONE OFFICE TO POLICE YES (NO) ONE OFFICE TO POLICE STATION: B. THROP PARTY VEHICLE OJ VEHICLE NUMBER: WAS AS ONE ONTACT: 91996116 ONE OFFICE TO POLICE STATION: ONE OFFICE TO POLICE STATION: MODEL: MOD	AC	CIDENT DAYE: 10/00 18) (DD/MM/YYYY), TIME: (16:15) (HH:MM)
1. DETAILS OF VEHICLE CIVENICLE NUMBER: SMAY26 X DINSURANCE COMPANY: LIPET INJURIAL CIPOLICY TYPE: (COMPREHENSIVEY THIRD PARTY / THIRD PARTY FIRE & THEFT) SIMAKE & MODEL: Head THIRD PARTY / THIRD PARTY FIRE & THEFT) SIMAKE & MODEL: Head THIRD PARTY / THIRD PARTY FIRE & THEFT) SIMAKE & MODEL: Head THIRD PARTY / THIRD PARTY FIRE & THEFT) SIMAKE & MODEL: Head THIRD PARTY / THIRD PARTY FIRE & THEFT) SIMAKE & MODEL: Head THIRD PARTY / THIRD PARTY FIRE & THEFT) SIMAKE & MODEL: Head THIRD PARTY / THIRD PARTY FIRE & THEFT) SIMAKE & MODEL: Head THIRD PARTY / THIRD PARTY FIRE & THEFT) SIMAKE & MODEL: HEAD TO COMPREHENSIVE / MOTORCYCLE, OTHERS) SIMAKE & MODEL: HEAD TO COMPREHENSIVE / MOTORCYCLE, OTHERS) SIMAKE & MALE / FEMALE) DINRIC/FIN/PASSPORT: SEPOLUCY HOLDER CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER SIMAKE & MALE / FEMALE) DINRIC/FIN/PASSPORT: CONTACT: 9499616 CONTAC	LO	CATION: CarDerle baside Ble 340 Jurana Bast Aus 1
DINSURANCE COMPANY: LIGHTY INJURANCE CIPOLICY TYPE: (COMPREHENSIVE) THIRD PARTY FIRE ETHEFT) G)MAKE & MODEL: (I)TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) G)VEHICLE CATEGORY (FIRVAITE / COMMERCIAL / MOTORCYCLE) (I) PURPOSE OF USING AT ACCIDENT TIME: FINDING PARTY FIRE ETHEFT) (I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (FIRVAITE) (I) AND INSURED / POLICY HOLDER A) NAME: DEALLY ON A CONTACT: 96996 (FIRVAITE) C) ADDRESS: BLIC US STATEMENT ALSO POLICY HOLDER DINRIC/FIN/PASSPORT: SPORT: CONTACT: 96996 (FIRVAITE) C) ADDRESS: DINRIC/FIN/PASSPORT: CONTACT: 96996 (FIRVAITE) (I) DATE OF BIRTH: 105/02 / 1987 (DD/MM/YYYY) G) OCCUPATION: (INDOOR? OUTDOOR) (I) DATE OF BIRTH: 105/02 / 1987 (DD/MM/YYYY) G) OCCUPATION: (INDOOR? OUTDOOR) (I) MALE / FEMALE) DINRIC/FIN/PASSPORT: CONTACT: C) ADDRESS: *d) DATE OF BIRTH: 105/02 / 1987 (DD/MM/YYYY) G) OCCUPATION: (INDOOR? OUTDOOR) (I) MALE / FEMALE) DINRIC/FIN/PASSPORT: CONTACT: (I) DATE OF BIRTH: 105/02 / 1987 (DD/MM/YYYY) G) OCCUPATION: (INDOOR? OUTDOOR) (I) MALE / FEMALE) DINRIC/FIN/PASSPORT: SOUND OTHERS DINROAD SURFACE: (DRY WIEL POTHERS (MALE / FEMALE) DINROC(FIN/PASSPORT: SOUND MODEL: DINROC(FIN/PASSPORT: SOUND MOTHERS DINROC(FIN/PASSPORT: SOUND MOTHERS DINROC(FIN/PASSPORT: SOUND		
DINSURANCE COMPANY: LIGHTY INJURANCE CIPOLICY NUMBER: CO 0 33 2 5 DINSURANCE COMPANY: LIGHTY INJURANCE CIPOLICY TYPE: (COMPREHENSIVE) THIRD PARTY THRE DESCRIPTION OF THE STHEFT) DINAKE & MODEL: TITYPE: (SALOON / COUPE LARPY / VAN / LORRY / MOTORCYCLE, ATHERS) DIVERHICLE CATEGORY (FIRVAIR) / VAN / LORRY / MOTORCYCLE, ATHERS) DIVERHICLE CATEGORY (FIRVAIR) / COMMERCIAL / MOTORCYCLE TIPNO, PLEASE STATE WHITED PARTY CLAIM/ REPORTING ONLY) IF NO, PLEASE STATE WHITED PARTY CLAIM/ REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: DEMANDED ON INSURANCE CONTACT: 9699616 C) ADDRESS: CLAOOCT CONTACT: 9699616 CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DINRIC/FIN/PASSPORT: CONTACT: 9699616 CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DINRIC/FIN/PASSPORT: CONTACT: 9799616 AWAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES (NO)) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 05000 WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES (NO)) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 05000 AWAS ANYBODY INJURED (YES NO) TO PREPORTED TO POLICE (YES NO) IF YES, PLEASE STATE WHICH POLICE STATION: B THIRD PARTY VEHICLE O) VEHICLE NUMBER: WAS 3 6 S MODEL: D) DRIVER'S NAME: WORL 2 HAN XIAN C) NRIC/FIN/PASSPORT: SS 188027 CONTACT: 9795 44 648	123 214 (I. DETAILS OF VEHICLE
DINSURANCE COMPANY: LIBETTY MULICAL CIPOLICY NUMBER: CO 0 3325 DIPOLICY TYPE: (COMPREHENSIVE) THIRD PARTY FIRE & THEFT) e) MAKE & MODEL: Hondon, Fit 1 SGF f) TYPE: (SALOON / COUPE /MPV /V AN / LORRY / MOTORCYCLE, AOTHERS) g) VEHICLE CATEGORY (PRIVATE / COMMERCIAL / MOTORCYCLE) h) PURPOSE OF USING AT ACCIDENT TIME: Industry pricing only IJARE YOU CLAIMING UNDER YOUR OWN INSURANCE NEEDED IF NO, PLEASE STATES THIRD PARTY CLAIM/ REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: Deductor No. C) ADDRESS: B1(C 48 STATES THE CONTACT: 9699616 C) ADDRESS: B1(C 48 STATES THE CONTACT: 9699616 C) ADDRESS: B1(C 48 STATES THE CONTACT: 9699616 CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER DRIVER D) NRIC/FIN/PASSPORT: CONTACT: 9699616 CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER DRIVER D) NRIC/FIN/PASSPORT: CONTACT: 9699616 CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER DRIVER D) NRIC/FIN/PASSPORT: CONTACT: 9699616 CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER DINGLE / FEMALE) D) NRIC/FIN/PASSPORT: CONTACT: 9699616 CONTACT: 96996		a) VEHICLE NUMBER: SMA 426 X
C)POLICY NUMBER: COO 32345 d)POLICY TYPE: COMPREHENSIVE I THIRD PARTY / THIRD PARTY FIRE & THEFT) e) MAKE & MODEL: fittype: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) g) VEHICLE CATEGORY (PRIVATE / COMMERCIAL / MOTORCYCLE) h) PURPOSE OF USING AT ACCIDENT TIME: FINO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 1 IN OUR PROJECT HOLDER A) NAME: PERMALE! b) NRIC/FIN/PASSPORT: SPOSSOL CONTACT: 9699616 CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DINRIC/FIN/PASSPORT: CONTACT: C) ADDRESS: CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DINRIC/FIN/PASSPORT: CONTACT: C) ADDRESS: C) OREATIONS (INDOOR) OUTDOOR! C) ADDRESS: C) AREATIONS (CLEAR / RAINING POTHERS) C) AREATION (CLEAR / RAINING PO		
DINRIC/FIN/PASSPORT: CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER DINRIC/FIN/PASSPORT: CONTACT: COUTACT: COUTA		CIPOLICY NUMBER: COO 83345
e) MAKE & MODEL: (1) TYPE: (SALOON / COUPE LARY / MOTORCYCLE / OTHERS) g) VEHICLE CATEGORY (PRIVATE / COMMERCIAL / MOTORCYCLE) h) PURPOSE OF USING AT ACCIDENT TIME: 1) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE TEACH IF NO, PLEASE STATE (THIRD PARTY CLAIM) / REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: DINRIC/FIN/PASSPORT: C) ADDRESS: CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DINRIC/FIN/PASSPORT: C) ADDRESS: C) OPTIMILE TO 3.d IF DRIVER ALSO POLICY HOLDER DINRIC/FIN/PASSPORT: C) CONTACT: C) ADDRESS: C) ADDRESS: C) ADDRESS: C) OPTIMILE TO 3.d IF DRIVER ALSO POLICY HOLDER DINRIC/FIN/PASSPORT: C) ADDRESS: C) ONTACT: C) ONTACT: C) ADDRESS: C) ONTACT: C) ONTACT: C) ADDRESS: C) ONTACT: C) ADDRESS: C) ADDRESS: C) ONTACT: C) ADDRESS: C) ADDRESS: C) ONTACT: C) ADDRESS: C) ADDRES		
9) VEHICLE CATEGORY (PRIVATE / COMMERCIAL / MOTORCYCLE) h) PURPOSE OF USING AT ACCIDENT TIME: FINGUAL PARTICING OF IF NO, PLEASE STATE (THIRD PARTY CLAIM) REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: DEJULIA ON C. ENDINER / POLICY HOLDER A) NAME: DEJULIA ON C. CONTACT: 9699616 CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DINRIC/FIN/PASSPORT: CONTACT: 9699616 CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER (Including driver) DINRIC/FIN/PASSPORT: CONTACT: C) ADDRESS: *d) DATE OF BIRTH: OS/OZ/ (1984) (DD/MM/YYYY) 9) OCCUPATION (INDOOR? OUTDOOR) 1) DATE; OF DRIVING PASS. *d) DATE OF BIRTH: OS/OZ/ (1984) (DD/MM/YYYY) 9) OCCUPATION (INDOOR? OUTDOOR) 1) DATE; OF DRIVING PASS. *A DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: D) WEATHER CONDITION: (CLEAR / RAINING POTHERS B) BOOD SURFACE: (DRY WEEP OTHERS 6. WAS ANYBODY INJURED (YES NO) IF YES, PLEASE STATE WHICH POLICE STATION: 1) DRIVER'S NAME: WORLT SHEN XI AN C) NRIC/FIN/PASSPORT: SO I 28 02 3 CONTACT: 9795 44 16 48 C) NRIC/FIN/PASSPORT: SO I 28 02 3 CONTACT: 9795 44 16 48 C) NRIC/FIN/PASSPORT: SO I 28 02 3 CONTACT: 9795 44 16 48		
h) PURPOSE OF USING AT ACCIDENT TIME: FINDING OF THE INSURANCE TO NO. IF NO. PLEASE STATESTHIST PARTY CLAIM! REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: DEMAND ON COMMANDER CONTACT: 96999616 C) ADDRESS: B1(C 48 STATESTHIST CONTACT: 96999616 C) ADDRESS: B1(C 48 STATESTHIST CONTACT: 96999616 C) ADDRESS: B1(C 48 STATESTHIST CONTACT: 96999616 CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER G) NAME: GINAME: GONTACT: CONTACT: C) ADDRESS: CONTACT: CONTACT: CONTACT: CONTACT: C) ADDRESS: CONTACT: CONTA		f)TYPE: (SALOON / COUPE / MPV /V AN / LORRY / MOTORCYCLE, OTHERS)
I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (SANO) IF NO, PLEASE STATE (THIRD PARTY CLAIM) REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: DEJUNION ON CONTACT: 96999616 DINRIC/FIN/PASSPORT: SPOCION CONTACT: 96999616 C) ADDRESS: B1(C 48 FORTHWALL PLUE HILL - 229 CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DINVER DINRIC/FIN/PASSPORT: CONTACT: C) ADDRESS: "d) DATE OF BIRTH: 105/03/1989 (DD/MM/YYYY) e) OCCUPATION: (INDOOR? OUTDOOR) 1) DATE OF DRIVING PASS: "d) DATE OF BIRTH: 105/03/1989 (DD/MM/YYYY) e) OCCUPATION: (INDOOR? OUTDOOR) 1) DATE OF DRIVING PASS: "d) DATE OF DRIVING PASS! "D) WEATHER CONDITION: (CLEAR / RAINING POTHERS b) PROAD SURFACE: (DRY /WEI POTHERS 6. WAS ANYBODY INJURED (YES NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE "D) VEHICLE NUMBER: YM93765 MODEL: "D) DRIVER'S NAME: WON(T 2HEN YIAN C) NRIC/FIN/PASSPORT: S 5 128027 CONTACT: 9795 (HE) 1648		g) VEHICLE CATEGORY: [PRIVATE / COMMERCIAL / MOTORCYCLE]
IF NO, PLEASE STATE (HIRD PARTY CLAIM) REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: DE JULIA CHINA CONTACT: 9699616 C) ADDRESS: BILL 48 STATEMENT PULL HILL-229 **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER () Inducting divisor) DRIVER () MALE / FEMALE) D) NRIC/FIN/PASSPORT: CONTACT: C) ADDRESS: **JOATE OF BIRTH: 105/03/1986/10D/MM/YYYY) e) OCCUPATION: (INDOOR? OUTDOOR) 1) DATE OF BIRTH: 105/03/1986/10D/MM/YYYY) e) OCCUPATION: (INDOOR? OUTDOOR) 1) DATE OF DRIVING PASS: 123 P 2010 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 05/08/1986/1986/1986/1986/1986/1986/1986/198		h) PURPOSE OF USING AT ACCIDENT TIME: Finding parking to f.
IF NO, PLEASE STATE (HIRD PARTY CLAIM) REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: DE JULIA CHINA CONTACT: 9699616 C) ADDRESS: BILL 48 STATEMENT PULL HILL-229 **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER () Inducting divisor) DRIVER () MALE / FEMALE) D) NRIC/FIN/PASSPORT: CONTACT: C) ADDRESS: **JOATE OF BIRTH: 105/03/1986/10D/MM/YYYY) e) OCCUPATION: (INDOOR? OUTDOOR) 1) DATE OF BIRTH: 105/03/1986/10D/MM/YYYY) e) OCCUPATION: (INDOOR? OUTDOOR) 1) DATE OF DRIVING PASS: 123 P 2010 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 05/08/1986/1986/1986/1986/1986/1986/1986/198		I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES NO)
2. INSURED / POLICY HOLDER A) NAME: DE JUMING NO. D) NRIC/FIN/PASSPORT: SEPOSER CONTACT: 9699666 C) ADDRESS: BLIC (18 FATHMULL PLUE #16-229 *CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER C) NRIC/FIN/PASSPORT: CONTACT: C) ADDRESS: C)		
DINRIC/FIN/PASSPORT: SPOCETIC CONTACT: 9699616 c) ADDRESS: B1(C 48 SFATEMENT PLL #16-229 *CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER (Including divivar) DINRIC/FIN/PASSPORT: CONTACT: C) ADDRESS: *d)DATE OF BIRTH: 105/03/100/mm/yyyy) #0)OCCUPATION: (INDOOR) OUTDOOR! 1) DATE: OF DRIVING PASS - 23 80 000 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES NO)) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 0000 5. D)WEATHER CONDITION: (CLEAR / RAINING POTHERS #0)ROAD SURFACE: (DRY /WET POTHERS 6. WAS ANYBODY INJURED (YES NO) 1F YES, PLEASE STATE WHICH POLICE STATION: 1F YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE O) VEHICLE NUMBER: WM 3765 MODEL: C) NRIC/FIN/PASSPORT: SSS128027 CONTACT: 9795 + 441648		2. INSURED / POLICY HOLDER
C)ADDRESS: BILL (48 STATEMENT FOR HILL - 229 *CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER DRIVER DRIVER DRIVER DINRIC/FIN/PASSPORT: CONTACT: C)ADDRESS: **d)DATE OF BIRTH: (05/03/10D/MM/YYYY) **e)OCCUPATION: (INDOOR) OUTDOOR) 1)DATE OF DRIVING PASS: **d)DATE OF BIRTH: (05/03/10D/MM/YYYY) **e)OCCUPATION: (INDOOR) OUTDOOR) 1)DATE OF DRIVING PASS **independent of the Insured's Company? (YES NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 05/08/10D/MR/YES NO) 5. D)WEATHER CONDITION: (CLEAR / RAINING POTHERS **independent of Police (YES NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE **independent of Police NUMBER: YM93765 MODEL: C) NRIC/FIN/PASSPORT: S85188037 CONTACT: 9795 HE 1648		
CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER (Including divizer) DINRIC/FIN/PASSPORT: CONTACT: DINRIC/FIN/PASSPORT: CONTACT: CONTACT		binric/fin/passport: S88065696 Contact: 96999616
CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER DRIVER DRIVER DINAME: DINRIC/FIN/PASSPORT: CONTACT: CIADDRESS: *** ***ODATE OF BIRTH: (OS/C2/1989)(DD/MM/YYYY) ***OCCUPATION: (INDOOR) OUTDOOR! 1) DATE OF DRIVING PASS - : : 23 Sep 2010 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: DIREAT CONDITION: (CLEAR / RAINING POTHERS DIREATON SUFFACE: (DRY /WET POTHERS 6. WAS ANYBODY INJURED (YES NO) 1F YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE O) VEHICLE NUMBER: WAS 3 6 S MODEL: D) DRIVER'S NAME: WONG ZHEN XIAN C) NRIC/FIN/PASSPORT: SSS 128027 CONTACT: 9795 1441648		
Cincluding driver Cincluding dr	500	
(Including diver) DINRIC/FIN/PASSPORT: CONTACT: CONTACT: CADDRESS:	William Promo	3 DRIVER
b)NRIC/FIN/PASSPORT: CONTACT: c)ADDRESS: d)Date of birth: (05/02) (08%) (DD/MM/YYYY) e)OCCUPATION: (INDOOR? OUTDOOR) f)DATE: Of DRIVING PASS** 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES (NO)) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 0000 5. D)WEATHER CONDITION: (CLEAR / RAINING POTHERS b)ROAD SURFACE: (DRY /WET POTHERS 6. WAS ANYBODY INJURED (YES (NO)) 7. O)REPORTED TO POLICE (YES (NO)) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE a) VEHICLE NUMBER: VM 9 3 7 6 S MODEL: b) DRIVER'S NAME: WONG 2HPN X1AN c) NRIC/FIN/PASSPORT: S85 128023 CONTACT: 9795 +441648	-a wo of bassand	GINAME:
C)ADDRESS: *d)DATE OF BIRTH: (O S / O 3) (1/88') (DD/MM/YYYY) *e)OCCUPATION: (INDOOR? OUTDOOR) 1)DATE) OF DRIVING PASS: -= 23 Sep > 010 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 0 Sep > 000 5. D)WEATHER CONDITION: (CLEAR / RAINING POTHERS 6. WAS ANYBODY INJURED (YES NO) 7. O)REPORTED TO POLICE (YES NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE O) VEHICLE NUMBER: WAS 37 6 S MODEL: 10. DRIVER'S NAME: WONG 2HPN X1AN 11. C) NRIC/FIN/PASSPORT: SES 128025 CONTACT: 9795 + 41648	(Including drive	
*d)DATE OF BIRTH: (OS/CZ) (984) (DD/MM/YYYY) e)OCCUPATION: (INDOOR? OUTDOOR) f)DATE OF DRIVING PASS:	()	
e)OCCUPATION: LINDOOR? OUTDOOR) f)DATE OF DRIVING PAGE - 23 P 2010 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. D)WEATHER CONDITION: (CLEAR / RAINING POTHERS b)ROAD SURFACE: (DRY /WEI POTHERS 6. WAS ANYBODY INJURED (YES NO) 7. D)REPORTED TO POLICE (YES NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE c) VEHICLE NUMBER: YM93765 MODEL: b) DRIVER'S NAME: WONG 2HPN XIAN c) NRIC/FIN/PASSPORT: S85128037 CONTACT: 9795 + 41648	-	C/ADDRESS.
e)OCCUPATION: LINDOOR? OUTDOOR) f)DATE OF DRIVING PAGE - 23 P 2010 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. D)WEATHER CONDITION: (CLEAR / RAINING POTHERS b)ROAD SURFACE: (DRY /WEI POTHERS 6. WAS ANYBODY INJURED (YES NO) 7. D)REPORTED TO POLICE (YES NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE c) VEHICLE NUMBER: YM93765 MODEL: b) DRIVER'S NAME: WONG 2HPN XIAN c) NRIC/FIN/PASSPORT: S85128037 CONTACT: 9795 + 41648		*dIDATE OF BIRTH: 1 05/03/ 1988 HDD/MM/YYYYI
1) DATE OF DRIVING PASS. 23 2000 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES (NO)) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. Ø) WEATHER CONDITION: (CLEAR / RAINING POTHERS b) ROAD SURFACE: (DRY / WET POTHERS 6. WAS ANYBODY INJURED (YES (NO)) 7. Ø) REPORTED TO POLICE (YES (NO)) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE Ø) VEHICLE NUMBER: YM93765 MODEL: b) DRIVER'S NAME: WONG 2HEN XIAN c) NRIC/FIN/PASSPORT: S85128037 CONTACT: 9795 + 41648	85	e)OCCUPATION: LINDOOR / OUTDOOR)
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES (NO)) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. D)WEATHER CONDITION: (CLEAR / RAINING POTHERS b)ROAD SURFACE: (DRY /WEI POTHERS 6. WAS ANYBODY INJURED (YES (NO)) 7. D)REPORTED TO POLICE (YES (NO)) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE 6. WAS ANYBODY INJURED (YES (NO)) IF YES, PLEASE STATE WHICH POLICE STATION: 6. WAS ANYBODY INJURED (YES (NO)) IF YES, PLEASE STATE WHICH POLICE STATION: 6. WAS ANYBODY INJURED (YES (NO)) IF YES, PLEASE STATE WHICH POLICE STATION: 6. WAS ANYBODY INJURED (YES (NO)) IF YES, PLEASE STATE WHICH POLICE STATION: 6. WAS ANYBODY INJURED (YES (NO)) IF YES, PLEASE STATE WHICH POLICE STATION: 6. WAS ANYBODY INJURED (YES (NO)) 7. D)REPORTED TO POLICE (YES (NO)) 8. THIRD PARTY VEHICLE 6. WAS ANYBODY INJURED (YES (NO)) 8. THIRD PARTY VEHICLE 6. WAS ANYBODY INJURED (YES (NO)) 8. THIRD PARTY VEHICLE 6. WAS ANYBODY INJURED (YES (NO)) 8. THIRD PARTY VEHICLE 6. WAS ANYBODY INJURED (YES (NO)) 8. THIRD PARTY VEHICLE 6. WAS ANYBODY INJURED (YES (NO)) 6. WAS ANYBODY INJURED (YES (NO)) 7. D)REPORTED TO POLICE (YES (NO)) 8. THIRD PARTY VEHICLE 6. WAS ANYBODY INJURED (YES (NO)) 6. WAS ANYBODY INJURED (YES (NO)) 7. D)REPORTED TO POLICE (YES (NO)) 8. THIRD PARTY VEHICLE 6. WAS ANYBODY INJURED (YES (NO)) 6. WAS ANYBODY INJURED (YES (NO)) 7. D)REPORTED TO POLICE (YES (NO)) 8. THIRD PARTY VEHICLE 6. D) DRIVER'S NAME: WON'T ZHEN XIAN 6. WAS ANYBODY INJURED (YES (NO))		MATEL OF DRIVING PACE - 23 Sep 2010
5. D)WEATHER CONDITION: (CLEAR / RAINING POTHERS b)ROAD SURFACE: (DRY /WET POTHERS 6. WAS ANYBODY INJURED (YES NO) 7. D)REPORTED TO POLICE (YES NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE 8. THIRD PARTY VEHICLE D) VEHICLE NUMBER: WAS 765 MODEL: C) NRIC/FIN/PASSPORT: S85 188037 CONTACT: 9795 +441648		4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES (NO))
b)ROAD SURFACE: (DRY / WEL POTHERS 6. WAS ANYBODY INJURED (YES (NO)) 7. D)REPORTED TO POLICE (YES (NO)) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE 9. VEHICLE NUMBER: YM93765 MODEL: 10. Individual State of Dividing Party Name: World 2HPN XIAN 11. C) NRIC/FIN/PASSPORT: S85128037 CONTACT: 9795 + 461648	33	
6. WAS ANYBODY INJURED (YES NO) 7. O)REPORTED TO POLICE (YES NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE 9. VEHICLE NUMBER: YM93765 MODEL: C) DRIVER'S NAME: WONLT SHEN XIAN C) NRIC/FIN/PASSPORT: S85128037 CONTACT: 9795 +++1648		
7. O)REPORTED TO POLICE (YES NOD IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE 8. LINE OF THE PARTY VEHICLE 9. LINE OF THE PARTY VEHICLE 1. LINE OF THE PARTY VEHICLE 2. LINE OF THE PARTY VEHICLE 3. LINE OF THE PARTY VEHICLE 4. LINE OF THE PARTY VEHICLE 5. LINE OF THE PARTY VEHICLE 6. LINE OF THE PARTY VEH		
IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE WASTES MODEL: CONTACT: 9795 +41648		
8. THIRD PARTY VEHICLE OF VEHICLE NUMBER: YM93765 MODEL: OF DRIVER'S NAME: WONG 2HEN XIAN OF DRIVER'S NAME: WONG 2HEN XIAN OF DRICFIN/PASSPORT: S85128037 CONTACT: 9795 +++1648		
C) NRIC/FIN/PASSPORT: S85/88037 CONTACT: 9795 +46/648		R THIRD PARTY VEHICLE
c) NRIC/FIN/PASSPORT: S85/28037 CONTACT: 9795 +41648	Horn of Missionway	al VEHICLE NUMBER YM93765 MODEL
c) NRIC/FIN/PASSPORT: SES 188033 CONTACT: 9795 ++++ 1648 9. THIRD PARTY VEHICLE d) VEHICLE NUMBER: MODEL:	s technology data	b) DRIVER'S NAME: WONG ZHEN XIAN
9. THIRD PARTY VEHICLE d) VEHICLE NUMBER: MODEL:	* 2	c) NRIC/FIN/PASSPORT: 585188035 CONTACT: 9795 +++1648
d) VEHICLE NUMBER: MODEL:		P. THIRD PARTY VEHICLE
CONTRACTOR OF THE PROPERTY OF	Arrata to me tours	d) VEHICLE NUMBER:MODEL:
e) DRIVER'S NAME:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	e) DRIVER'S NAME:
() Seleg different () NRIC/FIN/PASSPORT:	a the station of the	() () NRIC/FIN/PASSPORT:CONTACT:

EMAIL = desmond-kr22@ yahos.com.sg.

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8806569G



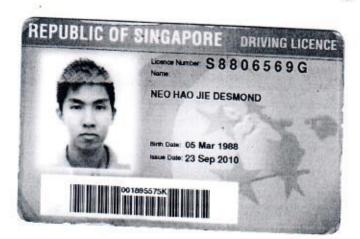
NEO HAO JIE DESMOND

CHINESE 05-03-1988

SINGAPORE

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10-03-2003

APT BLK 48 STRATHMORE AVENUE #16 - 229 SINGAPORE 140048

NRIC No: \$88065696 Date: 03-08-2005 No: 5230309

YOU ARE DICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

EFFECTIVE DATE





www.libertyinsurance.com.sg

Name of Producer:

VENTURE CREDIT PTE LTD (A1451)

Date of Issue:

24 May 2018

Cover Note No.:

C0083345

Quotation/ Proposal/ Policy No.:

The Insured mentioned in the Schedule, having proposed for insurance in respect of the Motor Vehicle described in the Schedule, is hereby HELD COVERED under the terms of the Company's usual form of Motor Policy applicable thereto for the period mentioned in the Schedule unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease risk.

Details of Schedule

Name of Insured:

NEO HAO JIE DESMOND

Period of Insurance:

From: 25 May 2018 00:00

To: 24 May 2019 23:59

Registration No.: Make and Model:

HONDA FIT 1.3 G F

Type of Body:

HATCHBACK

Capacity/Tonnage:

1317

Year of Manufacture/Registration:

2017/2018

Chassis No.:

GK31316437

Engine No.:

L13B1419104

Sum Insured:

Name of Finance Company:

MARKET VALUE AT TIME OF LOSS OVERSEA-CHINESE BANKING CORPORATION LTD

Type of Plan:

Comprehensive

Excess:

AS AGREED

The Motor Vehicle (Third Party Risks and Compensation) Act (Cap 189), Motor Vehicles (Third Party Risks and Compensation) Rules, 1960, Road Transport Act, 1987 (Malaysia), Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia), and any subsequent revisions to the above Acts and Agreements.

I/We hereby certify that this Cover Note is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Not valid unless counter-signed by authorized person.

Date: 24 May 2018 10:30

For and on behalf of

LIBERTY INSURANCE PTE LTD

IMPORTANT NOTICE

Administrative Charge is payable for Cover Note issued and Policy not taken up.

Subject to Premium Payment Warranty Clause.

This Cover Note is issued for TEMPORARY USE only and is valid for 30 days from the date of issue, unless replaced by a Certificate of Insurance issued by the Company.

Liberty Insurance Pte Ltd (Registration No. 199002791D) | GST Registration No. M2-0093571-3
51 Club Street #03-00 Liberty House Singapore 069428 | Tel: 1800-LIBERTY (542 3789) | Fax: (+65) 6223 6434

A1451/A1451.2/24-May.2018/Motosfilt eventhalores n.